In re	Sara Jean Brewster	
Case Nu	Debtor(s)	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
Case 140	(If known)	☐ The presumption arises.
		■ The presumption does not arise.
		\square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

		Part II. CALCULATION OF M	ON	THLY INCO	ME F	OR § 707(b)(7	7) E	XCLUSION	
	Mari	tal/filing status. Check the box that applies a							
		Unmarried. Complete only Column A ("De		•		•			
		Married, not filing jointly, with declaration of					ehtor	declares under	nenalty of neriury
		'My spouse and I are legally separated under a							
2		ourpose of evading the requirements of § 707(
		for Lines 3-11.	/ (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 3		•		,
	с. 🗆	Married, not filing jointly, without the decla	ratio	on of separate hous	eholds	set out in Line 2.b	abo	ve. Complete b	oth Column A
		("Debtor's Income") and Column B ("Spou						-	
	d. \square	Married, filing jointly. Complete both Colu	mn	A ("Debtor's Inco	ome'') a	and Column B ("	Spou	se's Income'')	for Lines 3-11.
		gures must reflect average monthly income re-						Column A	Column B
		dar months prior to filing the bankruptcy case						Debtor's	Spouse's
		ling. If the amount of monthly income varied onth total by six, and enter the result on the a			you m	ist divide the		Income	Income
2							Φ.		
3		s wages, salary, tips, bonuses, overtime, con			T . 1	C . I 1	\$	334.00	\$
		me from the operation of a business, profess the difference in the appropriate column(s) of							
		ess, profession or farm, enter aggregate numb							
		nter a number less than zero. Do not include							
4		b as a deduction in Part V.		-					
				Debtor		Spouse			
	a.	Gross receipts	\$	0.00					
	b.	Ordinary and necessary business expenses	\$	0.00			_		_
	c.	Business income		otract Line b from l			\$	0.00	\$
		s and other real property income. Subtract l							
		oppropriate column(s) of Line 5. Do not enter a				ot include any			
5	part	of the operating expenses entered on Line b	as a		ιν.	Cmayaa			
5	a.	Gross receipts	\$	Debtor 0.00	\$	Spouse			
	b.	Ordinary and necessary operating expenses	\$	0.00					
	c.	Rent and other real property income	-	otract Line b from			\$	0.00	\$
6	Inter	est, dividends, and royalties.				<u>-</u>	\$	0.00	\$
7	Pensi	on and retirement income.					\$	0.00	\$
	Anv	amounts paid by another person or entity, o	n a	regular basis, for	the ho	ısehold			
		nses of the debtor or the debtor's dependent							
8		ose. Do not include alimony or separate maint							
		e if Column B is completed. Each regular par				nly one column;	d.	4 500 00	¢.
		ayment is listed in Column A, do not report the		•			\$	1,500.00	\$
		apployment compensation. Enter the amount in the same of the sam							
	However, if you contend that unemployment compensation received by you or your spouse was a								
9	benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:					ii iii Columii 71			
		mployment compensation claimed to							
		benefit under the Social Security Act Debtor	r \$	0.00 Spo	ouse \$		\$	0.00	\$
	Incor	ne from all other sources. Specify source and	l an	ount. If necessary	, list ad	ditional sources			
	on a s	separate page. Do not include alimony or sep	ara	te maintenance pa	yments	paid by your			
		se if Column B is completed, but include all							
		tenance. Do not include any benefits received yed as a victim of a war crime, crime against h							
10		stic terrorism.	uIII	unity, or as a victill	i Oi IIIle	inational of			
	301110			Debtor		Spouse			
	a.		\$		\$				
	b.		\$		\$				
		and enter on Line 10				<u>'</u>	\$	0.00	\$
11	Subto	otal of Current Monthly Income for § 707(b)(7)	. Add Lines 3 thru	10 in C	Column A, and, if			
11		nn B is completed, add Lines 3 through 10 in					\$	1,834.00	\$

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		1,834.00
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	22,008.00
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		
	a. Enter debtor's state of residence: WA b. Enter debtor's household size: 2	\$	63,873.00
15	 Application of Section 707(b)(7). Check the applicable box and proceed as directed. ■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. □ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement. 	does no	ot arise" at the

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Complete 1 arts 1 v, v, vi,	and vii of this	statement omy ii required	i. (See Line 13.)		
	Part IV. CALCULATION O	F CURREN	T MONTHLY INCO	ME FOR § 707(b)(2)	
16	Enter the amount from Line 12.				\$	
17	Marital adjustment. If you checked the box at Column B that was NOT paid on a regular basis dependents. Specify in the lines below the basis spouse's tax liability or the spouse's support of p amount of income devoted to each purpose. If not check box at Line 2.c, enter zero.					
	b.		\$			
	c. d.		\$ \$			
	Total and enter on Line 17		Ψ		\$	
18	Current monthly income for § 707(b)(2). Sub	tract Line 17 fr	om Line 16 and enter the res	sult.	\$	
	Part V. CALCULA	TION OF D	EDUCTIONS FROM	INCOME		
	Subpart A: Deductions un	der Standar	ds of the Internal Reven	ue Service (IRS)		
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.					
	Persons under 65 years of age		Persons 65 years of ag			
	a1. Allowance per person b1. Number of persons	a2. b2.	Allowance per person Number of persons			
	c1. Subtotal	c2.	Subtotal		\$	
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is					

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of the number that would currently be allowed as exemptions on your fed any additional dependents whom you support); enter on Line b the tot debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42					
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$			
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					
	Local Standards: transportation; vehicle operation/public transpo You are entitled to an expense allowance in this category regardless o vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expens	f whether you pay the expenses of operating a				
22A	included as a contribution to your household expenses in Line 8. \square 0 \square 1 \square 2 or more.	es of for which the operating expenses are				
	If you checked 0, enter on Line 22A the "Public Transportation" amout Transportation. If you checked 1 or 2 or more, enter on Line 22A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	\$				
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation					
23	(available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Linte result in Line 23. Do not enter an amount less than zero.	court); enter in Line b the total of the Average ne 42; subtract Line b from Line a and enter				
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$				
	b. 1, as stated in Line 42	\$				
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$			
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs	\$				
	b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$				
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$			
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.					

26	Other Necessary Expenses: involuntary deductions for endeductions that are required for your employment, such as report to the discretionary amounts, such as voluntary	\$			
27	Other Necessary Expenses: life insurance. Enter total avelife insurance for yourself. Do not include premiums for in any other form of insurance.	erage monthly premiums that you actually pay for term	\$		
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
30	Other Necessary Expenses: childcare. Enter the total averachildcare - such as baby-sitting, day care, nursery and presch		\$		
31	Other Necessary Expenses: health care. Enter the total average health care that is required for the health and welfare of you insurance or paid by a health savings account, and that is in include payments for health insurance or health savings	excess of the amount entered in Line 19B. Do not	\$		
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.				
33	Total Expenses Allowed under IRS Standards. Enter the	total of Lines 19 through 32.	\$		
	-	I Living Expense Deductions uses that you have listed in Lines 19-32			
34	the categories set out in lines a-c below that are reasonably dependents.				
34	a. Health Insurance	\$			
	b. Disability Insurance	\$			
	c. Health Savings Account	\$	\$		
	Total and enter on Line 34. If you do not actually expend this total amount, state you below:				
35	Continued contributions to the care of household or fami expenses that you will continue to pay for the reasonable an ill, or disabled member of your household or member of you expenses.	d necessary care and support of an elderly, chronically	\$		
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
37	Home energy costs. Enter the total average monthly amoun Standards for Housing and Utilities, that you actually expentrustee with documentation of your actual expenses, and claimed is reasonable and necessary.	\$			
38	Education expenses for dependent children less than 18. actually incur, not to exceed \$147.92* per child, for attendar school by your dependent children less than 18 years of age documentation of your actual expenses, and you must expenses and not already accounted for in the IRS Standards.	nce at a private or public elementary or secondary You must provide your case trustee with plain why the amount claimed is reasonable and	\$		

 $^{^*}$ Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	
40			s. Enter the amount that you will continuous as defined in 26 U.S.C. §			e form of cash or	\$
41	Total	l Additional Expense Deduction	ons under § 707(b). Enter the total of I	Lines 3	4 through 40		\$
			Subpart C: Deductions for De	bt Pa	yment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt	Av	erage Monthly Payment	Does payment include taxes or insurance?	
	a.			\$		□yes □no	
					otal: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor					\$	
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.						\$
	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.						
45	a. Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) c. Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b					\$	
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.				\$		
		;	Subpart D: Total Deductions f	rom 1	Income		
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.					\$	
		Part VI. D	ETERMINATION OF § 707()	b)(2)]	PRESUMPT	ΓΙΟΝ	
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))					\$	
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))					\$	
50	Mon	thly disposable income under	§ 707(b)(2). Subtract Line 49 from Line	e 48 an	nd enter the resu	lt.	\$
51	60-m	=	§ 707(b)(2). Multiply the amount in Li	ine 50	by the number 6	60 and enter the	\$

52	Initial presumption determination. Check the applicable box and proceed as directed. ☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.						
	☐ The amount set forth on statement, and complete the	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.					
		is at least \$7,025*, but not mor		olete the remainder of Part VI (I	anes 53 through 55).		
53	Enter the amount of your t	total non-priority unsecured de	bt		\$		
54	Threshold debt payment ar	mount. Multiply the amount in I	Line 53 by the number 0	.25 and enter the result.	\$		
	Secondary presumption de	termination. Check the applicat	ole box and proceed as o	lirected.			
55		is less than the amount on Line ete the verification in Part VIII.	e 54. Check the box for	"The presumption does not aris	e" at the top of page 1		
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.						
		Part VII. ADDITIO	NAL EXPENSE C	LAIMS			
56	you and your family and tha	escribe any monthly expenses, not you contend should be an additional sources on a ses.	ional deduction from yo	our current monthly income und	ler §		
	Expense Description a.		9	Monthly Amou	nt		
	b.		\$				
	c.		\$		_		
	d.	Total: Add Lit	nes a, b, c, and d		\dashv		
				,			
		Part VIII. V	VERIFICATION				
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors						
57	must sign.) Date: Sept	tember 28, 2012	Signature:	/s/ Sara Jean Brewster			
51				Sara Jean Brewster (Debtor)			

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.